

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Sunday, January 19, 2014 12:31 PM
To: Chris Aquino
Subject: 2014 Annual Report - WMATC No: 1210, Carrier Name: First Health Choice Services LLC

Washington Metropolitan Area Transit Commission 2014 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2014, must file a complete 2014 annual report and pay a \$150 annual fee on or before **January 31, 2014**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 2, 2014.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1210

Name of Carrier (as shown on certificate of authority): First Health Choice Services LLC

Trade Name:

Principal Place of Business

Street Address: 14802 BOWIE FARM CT.

Apt./Suite:

City: BOWIE

State: MD

Zip: 20721

Mailing Address (if different from street address)

Street: 14802 BOWIE FARM CT.

Apt./Suite:

City: BOWIE

State: MD

Zip: 20721

E-mail: jngwafa01@yahoo.com

Maryland PSC No.:

E-mail: jngwafa01@yahoo.com

E-mail: jngwafa01@yahoo.com

5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include **all** required information.

| Fleet No. | Year | Make | Vehicle VIN | License Plate | State | Seating Cap. | Wheel Chair |
|-----------|------|-------------------------|-------------------|---------------|-------|--------------|-------------|
| ✓ | 2008 | FORD E350 | 1FBNE31L48DB14867 | 51736B | MD | 12 | No |
| ✓ | 2008 | FORD E250 | 1FTNE24W88DA29879 | 53585B | MD | 7 | Yes |
| ✓ | 2008 | FORD E250 | 1FTNE24W48DA29880 | 53584B | MD | 7 | Yes |
| ✓ | 2007 | FORD FREESTAR | 2FMZA51617BA19391 | 51985B | MD | 7 | No |
| ✓ | 2005 | CHRYSLER TOWN & COUNTRY | 1C4GP45R75B174927 | 48593B | MD | 7 | No |
| ✓ | 2005 | CHRYSLER TOWN & COUNTRY | 2C4GP54L95R212565 | 47451B | MD | 5 | Yes |
| ✓ | 2004 | DODGE CARAVAN | 1D4GP45R44B512205 | 48591B | MD | 4 | Yes |
| ✓ | 2004 | FORD E350 | 1FBNE31L84HB16642 | 53562B | MD | 12 | No |
| | | | | | | | |
| | | | | | | | |

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: JOSEPH K. NGWAFI

Title: PRESIDENT

Date: 01/19/2014